Effective December 8, 2004									Application or Docket Number 10/568601				
	CLAIMS AS FILED - PART (								ΙΤΙΤΥ			RTHAN	
U.S. NATIONAL STAGE FEES			(Column 1)			(Column 2)	7	TYPE		OR —		ENTITY	
-							RATE	FEE		RATE	FEE		
BASIC FEE			SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)-			GE ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE		
EXAMINATION FEE			(4) = \$50	(4) = \$50 / \$ 100 All other situations (ie. No		other situations = \$ 100 / \$ 200		EXAM. FEE	100	1	EXAM. FEE	<del> </del>	
SEARCH FEE			Search Rpt.) = \$ 250 / \$ 500		ALL	ISA = \$ 50 / \$ 10 other countries = \$ 200 / \$ 400	Ю	8EARCH FEE	200		SEARCH FEE	<del>                                     </del>	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X'\$ 125 =		1	X \$ 250 =	<del> </del>	
-	TAL CHARGEA	20 minus 20 = ,		*			X \$ 25 =		OR	X \$ 50 =	<b></b>		
INDEPENDENT CLAIMS				inus 3 =	•		]	X \$ 100 =		OR	X \$ 200 =		
ш.		DENT CLAIM PR					]	+\$ 180 =	_	OR	+ \$ 360 =		
- 01	If the difference in column 1 is less than zero, enter "0" in column 2								450	OR	TOTAL		
<u>2</u>	CLAIMS HIGHEST (Column 3)						1 6	SMALL E		OR	OTHER SMALL I		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. <del>2</del> 0	Minus	<u>. 9</u>	0	- 0		X \$ 25 = /		OR	X \$ 50 =		
₹	Independent		Minus ***		)	* U		X \$ 100 =	X	OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+ \$ 360 =		
								FFF	1	OR	TOTAL ADDIT. FFF		
<u>.                                    </u>		(Column 1)		(Colum		(Column 3)			ı				
ENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		=		·X \$ 25 =		OR	X \$ 50 =		
¥	Independent	L	Minus	444				X \$ 100 =		OR	X \$ 200 =		
<u> </u>	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =		
			-				7	OTAL ADDIT: FFF		OR -	TOTAL ADDIT.		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  FORM PTO-875 (Rev. 02/2005)												

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